2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT **DOCUMENT # M0400003989** FILED 1. Entity Name 05 APR 29 PM 1:35 BRE/ESA P PORTFOLIO L.L.C. SECRETARY OF STATE FALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 345 PARK AVENUE 345 PARK AVENUE NEW YORK, NY 10154 NEW YORK, NY 10154 CR2E083 (10/03) 04052005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM BREP IV HOTELS ACQUISITION L.L.C. NAME STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP NEW YORK, NY 10154 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 500054201745 05/10/05--01028--004 **450.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information assignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the very to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with th indicated on this report is true limited liability company or in irate and

SIGNATURE:

SIGNATURE AND TY

STREET ADDRESS CITY-ST-ZIP

> DENNIS J. MCDONAGH ED NAME OF SIGNI NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE